

**PRIVATE SPECIAL EDUCATION SCHOOLS  
ANNUAL APPLICATION FOR APPROVAL 2010-2011**

**Complete all requested information. Retain a copy for your files.  
Attach all required documentation.**

Mail to: Roberta Brown, Director, State and Federal Initiative  
Arizona Department of Education  
1535 W. Jefferson, Bin # 24  
Phoenix, Arizona 85007  
Phone: (602) 364-4006 Fax (602) 364-0428

**SECTION ONE  
BUSINESS AND ADMINISTRATIVE INFORMATION**

**Legal Business Name:**

**DBA Name** (if applicable) :

**Tax ID #:**

**Business Lic. #:**

**Entity CTDS #:**

**Mailing Address:**

Street

City

State

Zip

**Contact Name:**

**Title:**

**Phone #**

**Email Address:**

**School Administrator Name:**

**Title:**

**Phone #:**

**Fax #:**

**Email Address:**

**Check one:**

☐ **Certified in an administrative area**

**\*\*Attach a copy of certification**

☐ **Certified and experienced in appropriate area of special education**

**\*\*Attach a copy of certification and documentation of experience**

☐ **Grandfathered without certification under approval of ADE**

**Website Address** (optional):

## SECTION TWO

### STATEMENT OF ASSURANCES

The Applicant assures that special education programs and services approved by the Arizona Department of Education shall be operated in accordance with all applicable state and federal statutes, regulations, and policies; and the Applicant agrees to comply with all provisions of such requirements, regulations, and policies. **All requirements of the Individuals with Disabilities Education Act (IDEA) must be followed in providing a free appropriate public education for the special education students placed at your school.**

**The Applicant further agrees:**

1. To provide special education services and related services as specified in district contractual agreements or voucher system requirements in compliance with the student's Individual Education Program (IEP).
2. To accept only students who meet the categorical eligibility criteria (as defined in ARS15-761 and A.A.C. R7-2-401 et seq) for which the private program is approved, regardless of the placing or funding source.
3. To provide teachers who are certified in the areas of exceptionality for which the private program is approved.
4. To ensure any child placed through the IEP process will not be discharged except through the IEP process.
5. To ensure classrooms do not exceed the maximum age range or student:staff ratio unless ADE approves an exception (case specific basis only).
6. To administer state assessments as required and to submit assessment materials to contracting school districts and Home School districts in a timely manner.
7. To integrate students placed through the IEP process into less restrictive public school programs as soon as determined appropriate by the IEP team.
8. To maintain instructional services consistent with the curriculum submitted to and approved by ADE and to provide this curriculum for review upon request of the contracting public school district or Home School District to ensure students will be eligible for promotion or graduation upon completion of the private school program.
9. To utilize facilities which are at least comparable to those used by the public schools of Arizona.
10. To report immediately in writing all changes in staffing or program to ADE / ESS as well as to contracting public school districts and state placing agencies as applicable.
11. To provide, in a timely manner, student documents including, but not limited to, voucher paperwork, Medicaid services documentation, attendance records, discipline records, progress data and reports and grades and transcripts, as required by ADE, the contracting public school district, or Home School District.
12. To maintain student education records in accordance with A.R.S. 15-141, 20 U.S.C. 1232(g) and (h), 20 U.S.C. 1401, and 34 C.F.R. Part 99 and 34 C.F.R. 300.560 through 576.
13. To maintain full and accurate records of operation pursuant to this application and make these records available to the ADE and contracting public school districts for examination and audit at any reasonable time and place. No placing agency may be billed for any services for which the applicant agency receives revenue from other sources.
14. To permit on-site monitoring of the program by representatives of the Arizona Department of Education, contracting public schools or Home School Districts.
15. That no person shall, on the basis of race, color, national origin, disability, or sex be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives federal financial assistance. Admissions policies for private schools are understood and agreed to be part of such programs. The applicant agrees to ensure compliance with the Governor's Executive Order 75-5 prohibiting discrimination in employment, as well as Title VI of the Civil Rights Act (45 U.S.C. 2000(d); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681-1683); Section 504 of the Rehabilitation Act (29 U.S.C. 794); the Age Discrimination Act (42 U.S.C. 6010); and the Americans with Disabilities Act (42 .12101 et. seq.).

The Applicant recognizes and agrees that approval status and financial assistance from public funds will be based on the representations and agreements made in these assurances, and that the United States and the State of Arizona, individually or jointly, shall have the right to seek judicial enforcement of these assurances. These assurances are binding on the Applicant, and the person whose signature appears below is authorized to sign these assurances on behalf of the Applicant.

By: \_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Name and Title

## SECTION THREE PROVISION OF SERVICES

Please check categories for which you wish to be approved (based on appropriate certification):

	CATEGORY	TEACHER CERTIFICATION REQUIRED
<input type="checkbox"/>	<b>Autism (A)</b>	Cross-Categorical <b>or</b> LD, ED, or MR with courses (3 credits) or training (40 hrs) in Autism
<input type="checkbox"/>	<b>Developmental Delay (DD)</b>	Cross-Categorical <b>or</b> LD, ED, or MR <b>or</b> Early Childhood Special Education (depending on student's age)
<input type="checkbox"/>	<b>Emotional Disability (ED) / (ED-P)</b>	ED, or Cross-Categorical with +20 hours training in ED
<input type="checkbox"/>	<b>Hearing Impaired (HI)</b>	HI
<input type="checkbox"/>	<b>Mild Mental Retardation (MIMR)</b>	MR or Cross-Categorical
<input type="checkbox"/>	<b>Moderate Mental Retardation (MOMR)</b>	MR or Cross-Categorical
<input type="checkbox"/>	<b>Orthopedic Impairment (OI)</b>	OI or Cross-Categorical
<input type="checkbox"/>	<b>Other Health Impaired (OHI)</b>	OHI or Cross-Categorical + needed healthcare provider
<input type="checkbox"/>	<b>Severe Mental Retardation (SMR)</b>	MR or Severely And Profoundly Disabled
<input type="checkbox"/>	<b>Specific Learning Disability (SLD)</b>	LD or Cross-Categorical
<input type="checkbox"/>	<b>Speech-Language Impairment (SLI)</b>	Speech And Language Impaired or Early Childhood Special Education (depending on student's age)
<input type="checkbox"/>	<b>Traumatic Brain Injury</b>	Certification required for co-occurring disability category
<input type="checkbox"/>	<b>Visually Impaired (VI)</b>	VI
<input type="checkbox"/>	<b>Preschool Severe Delay (PSD)</b>	Early Childhood Special Education
<input type="checkbox"/>	<b>Non-Special Education **Requires submission of North Central Accreditation certificate**</b>	
<b>ATTENTION: If you request approval for either of the two following categories, you must identify the contributing categories for which you will provide direct service.</b>		
<input type="checkbox"/>	<b>Multiple Disabilities (MD): at least two</b> <b>One or two:</b> <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> OI <input type="checkbox"/> MOMR <b>One:</b> <input type="checkbox"/> MIMR <input type="checkbox"/> ED <input type="checkbox"/> SLD.	All Certifications Required For Contributing Categories
<input type="checkbox"/>	<b>Multiple Disabilities-Severe Sensory Impairment (MDSSI): at least two</b> <b>One or two:</b> <input type="checkbox"/> Severe HI <input type="checkbox"/> Severe VI <b>One:</b> <input type="checkbox"/> MOMR <input type="checkbox"/> SMR <input type="checkbox"/> Severe ED	All Certifications Required For Contributing Categories

**SECTION FOUR**  
**SCHOOL SITE INFORMATION**  
 (COMPLETE SEPARATE PAGE FOR EACH SITE)

<b>Site Name:</b> _____		<b>Site CTDS #</b> _____	
<b>Physical Address:</b> _____ <div style="text-align: center; margin-top: 10px;">Street</div> <div style="text-align: center; margin-top: 10px;">_____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>City</span> <span>State</span> <span>Zip</span> </div>			
<b>Site Contact Person:</b> _____		<b>Title:</b> _____	
<b>Site Phone #</b> _____		<b>Site Fax #</b> _____	
<b>Site Email Address:</b> _____			
<b>School District(s) in which site is located:</b> _____			

**This site is: (Check one only)**

- ☐ Day Program Only
- ☐ Residential School Only

**\*\* Submit a separate page for each individual day program and residential treatment program (s) \*\***

**Was this site approved for the 2008-2009 school year?** ☐ YES ☐ NO

**\*\* If "NO", site must be inspected by ADE before final approval will be given. \*\***

**Check all grades to be served at this site:**

- ☐ PreSchool "Description of Service Delivery" form must be completed and submitted to be approved for this grade level.
- ☐ Kindergarten
- |                                 |                                 |                                  |                                   |
|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> First  | <input type="checkbox"/> Fourth | <input type="checkbox"/> Seventh | <input type="checkbox"/> Tenth    |
| <input type="checkbox"/> Second | <input type="checkbox"/> Fifth  | <input type="checkbox"/> Eighth  | <input type="checkbox"/> Eleventh |
| <input type="checkbox"/> Third  | <input type="checkbox"/> Sixth  | <input type="checkbox"/> Ninth   | <input type="checkbox"/> Twelfth  |

## SECTION FIVE CERTIFIED STAFF LIST For

**\*\*Students placed through the IEP process (all day school students and RTC IEPs) must be served with a student-teacher ratio no greater 12-1 with a paraprofessional\*\***

Name of Teacher	Special Education Certifications Held (Check all that apply)	Certificate Number	Expiration Date	Change	Date of Change	Administrator Initials
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		
	<input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood			<input type="checkbox"/> Add <input type="checkbox"/> Delete		

Add additional pages as needed

**Staffing additions or deletions made throughout the year must be submitted on this form within 10 days of any change.**